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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	Attorney Docket Number	IME-104C
	First Named Inventor	Joseph R. Petrella, Jr.
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Art Unit	
<input checked="" type="checkbox"/> Declaration Submitted With Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SPEECH ACTIVATED TELEPHONE DEVICE FOR CONNECTION TO EXISTING  
LANDLINE PHONE

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/>		OR <input checked="" type="checkbox"/> Correspondence address below	
Name Kenneth P. Glynn Glynn & Associates, P.C.			
Address 24 Mine Street			
City Flemington		State New Jersey	ZIP 08822
Country U.S.A.	Telephone (908) 788-0077	Fax (908) 788-3999	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) THOMAS S.		Family Name or Surname KROL	
Inventor's Signature <i>Thomas S. Krol</i>		Date March 24, 2004	
Residence: City Philadelphia	State Pennsylvania	Country USA	Citizenship USA
Mailing Address 3448 Fidler St.			
City Philadelphia	State PA	ZIP 19114	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) JOSEPH R.		Family Name or Surname PETRELLA, JR.	
Inventor's Signature <i>J. R. Petrella</i>		Date March 24, 2004	
Residence: City East Amwell	State New Jersey	Country USA	Citizenship USA
Mailing Address <del>175</del> 115 Old York Rd.			
City Ringoes	State NJ	ZIP 08551	Country USA
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	JOSEPH R. PETRELLA, JR.
Title	SPEECH ACTIVATED TELEPHONE DEVICE
Art Unit	CONNECTION TO EXISTING LANDLINE PHONE
Examiner Name	
Attorney Docket Number	IME-1040

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Kenneth P. Glynn, Esquire	26,893

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Kenneth P. Glynn, Esquire		
Address	Glynn & Associates, P.C.		
Address	24 Mine Street		
City	Flemington	State	NJ
		Zip	08822
Country	United States of America		
Telephone	(908) 788-0077	Fax	(908) 788-3999

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	JOSEPH R. PETRELLA, JR.		
Signature			
Date	March 24, 2004	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application Number

Filing Date

First Named Inventor

JOSEPH R. PETRELLA, JR.

Title SPEECH ACTIVATED TELEPHONE DEVICE

Art Unit CONNECTION TO EXISTING LANDLINE PHONE

Examiner Name

Attorney Docket Number

IME-104C

I hereby appoint:

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☐

The address associated with the above-mentioned Customer Number:

OR

☐

The address associated with Customer Number:

OR

☒Firm or  
Individual Name

Kenneth P. Glynn, Esquire

Address

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(908) 788-3999

I am the:

☐

Applicant/Inventor.

☐Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name

Thomas S. Krol

Signature

THOMAS S. KROL

Date

March 24, 2004

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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